



9590 9699 0430 0113 0429 10

1. Article Addressed to:

Travelers Casualty and Surety Company
 c/o Corporation Service Company, Reg. Ag.
 641 South Lawrence Street
 Montgomery, AL 36104

2. Certified Mail Form 3800 Article Number 18

9314 7699 0430 0113 0429 18

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

☒ Agent☐ Addressee

U.S. DISTRICT COURT

N.D. OF ALABAMA

2023 OCT 31 AM 10:33

10-23-23

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☐ No

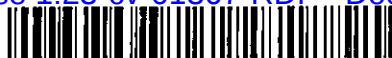
FILED

2023 OCT 30 A 10:33

3. Service Type:

☒ Certified Mail☐ Certified Mail Restricted DeliveryReference Information

1:23-CV-01367-RDP



9590 9699 0430 0113 0428 11

1. Article Addressed to:

U.S. Fire Insurance Company
 c/o Fairfax Financial Group
 305 Madison Avenue
 Morristown, NH 07962

2. Certified Mail (Form 3800) Article Number 19

9314 7699 0430 0113 0428 19

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

S. Seer

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☐ No

2023 OCT 30 A 10:33

3. Service Type:

☒ Certified Mail☐ Certified Mail Restricted DeliveryReference Information

1:23-CV-01367-RDP



9590 9699 0430 0113 0422 31

1. Article Addressed to:
 Shaw Industries Group, Inc.
 c/o Corporation Service Company, Reg. Ag.
 641 South Lawrence Street
 Montgomery, AL 36104

2. Certified Mail (Form 3800) Article Number 2 39

9314 7699 0430 0113 0422 39

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *R. Allen Webster*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

10-23-23

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☐ No

2023 OCT 30 A 10:33

3. Service Type:

☒ Certified Mail☐ Certified Mail Restricted Delivery

Reference Information

1:23-cv-01367-RDP



9590 9699 0430 0113 0427 50

1. Article Addressed to:

Great American Insurance Co.
c/o United Agent Group, Inc.
4000 Eagle Point Corp. Dr.
Birmingham, AL 35242

2. Certified Mail Form 3800 Add'l Burden 58

9314 7699 0430 0113 0427 58

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent☐ Addressee

B. Received by (Printed Name)

Lindsay Rye

C. Date of Delivery

10/27/23

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☒ No

FILED

2023 OCT 30 A 10:33

3. Service Type:

☒ Certified Mail☐ Certified Mail Restricted Delivery

Reference Information

1:23-cv-01367-RDP